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MAJOR PROJECTS

DUAL DIAGNOSIS

BACKGROUND:

Many of the clients served by DSHS have both mental illness and substance abuse problems. This condition is commonly referred to as "dual diagnosis." Research demonstrates that this population frequently has difficulties gaining admission to treatment programs, and once admitted may be discharged prematurely. Because of the lack of available services, these clients often become repeat users of emergent and crisis care services. Consequently, repeat emergent care users receive the most expensive care in the system, which may be the least able to address their underlying needs.

Research also shows that improvement in treatment delivery to persons with dual diagnoses will have long range fiscal benefits as well as improving the quality of their lives. The Division of Alcohol and Substance Abuse currently devotes approximately ten percent of its budget to treat dual diagnosis clients through its mentally ill/chemically abusing (MICA) services. Many experts believe that there is a much greater need for integrated dual diagnosis services than is presently available. Some additional dual diagnosis treatment in Washington is being done unofficially by agencies that have developed some sort of process based in either the substance abuse or the mental health perspective. Unofficially coordinated programs may struggle with funding issues due to categorized funding streams which may not recognize the additional treatment provided to dual diagnosis clients.

ISSUES:

- 1) How do we reduce reliance on repeated use of expensive emergency services?
- 2) How do we take advantages of cost efficiencies of integrated programs to provide effective care at the lowest possible price?
- 3) How do we address administrative obstacles caused by categorized funding streams?
- 4) How do we integrate programs based on differing philosophies and treatment modalities?
- 5) Recognizing that client definition acts as a filter to services, how should we define appropriate clients for an integrated treatment program?
- 6) Given a broad range of diagnoses and client needs, how do we most efficiently coordinate services and what services should be included in an integrated program?
- 7) What training is available to assist health professionals to recognize dual and complex diagnoses?
- 8) What services and functions need to be integrated to create effective programs?
- 9) How do we address case management and integration issues in rural areas?
- 10) How can issues related to differences in credential and certification processes be resolved to facilitate state recognition of dual diagnosis programs.?

OBJECTIVES:

To form a work group that will:

- 1) Examine the existing approaches such as King County's "No Wrong Door" and the work being done in Snohomish County for state-wide applicability;
- 2) Explore possible roles for the Washington Institute for Mental Health Research and Training and the Alcohol and Drug Abuse Institute;
- 3) Analyze the benefits and drawbacks of the use of incentives for programs that develop integrated services;
- 4) Prepare a comprehensive presentation to the Human Services & Corrections Committee;
- 5) Prepare a briefing paper; focusing on the specific needs and resources in Washington;
- 6) Prepare possible legislation to address the obstacles to providing a range of integrated services; and
- 7) Make a short presentation to the Family Policy Council focusing on the impact of persons with untreated or partially treated dual diagnoses on youth violence.

TENTATIVE TEAM:

Fara Daun, Joan Mell, Richard Rodger (Human Services & Corrections), David Wertheimer (King County MHD), Dr. Eric Trupin (UW Medical Center), Dr. Richard Ries (Harborview Medical Center), [possible selected citizens].

DANGEROUS MENTALLY ILL OFFENDERS

BACKGROUND:

It is estimated that the Department of Corrections releases over 125 inmates each year who are believed to be both mentally ill and pose a serious threat to public safety. Generally these offenders have completed their sentence and are referred for either civil commitment or community services for their mental disorders. For a variety of reasons the mental health community has been unable to provide, or the offender is unwilling to engage in, needed mental health services.

ISSUES:

- 1) What is the best way to identify persons convicted of crimes who, due to their mental illness, pose a serious threat to public safety?
- 2) What mental health services are currently provided to persons prior to, and upon, release from a correctional facility?
- 3) How can coordination of services between the Departments of Corrections and Social and Health Services be improved?
- 4) What barriers exist to information sharing between public agencies that impair the delivery of services? Are the existing data bases and case management systems adequate for evaluation and accountability purposes?
- 5) What are appropriate, cost-effective, methods of assuring security and apprehension of dangerous offenders who have a mental illness and who present an immediate threat to public safety or who may be in violation of conditions imposed on them by the court?
- 6) What are the civil and criminal alternatives to addressing the issues presented by dangerous offenders who are mentally ill? How have these alternatives been utilized in other states?

OBJECTIVES:

- 1) Form a subcommittee to the Senate Committee on Human Services and Corrections to examine issues concerning persons convicted of a criminal offense who are mentally ill and who pose a serious risk to public safety.
- 2) Examine cost-effective alternatives to the related issues and draft appropriate legislation.

RESOURCES:

The project will require multiple public hearings to be conducted during the interim.

PROJECT TEAM:

Richard Rodger (Human Services & Corrections), Bryon Moore (Ways & Means), Yvonne Walker, (Criminal Justice & Corrections), Senate and House Caucus Staff

OTHER CONTACTS:

Department of Corrections Staff, Department of Social & Health Services Staff, Department of Health Staff, Local Government Representatives, Various Professionals and Experts

CRIMINAL JUSTICE DATABASES***BACKGROUND:***

Washington State has at least 20 databases and systems for collecting law enforcement and criminal justice information. In addition to the various courts and local law enforcement agencies, there are also at least twenty-one state level agencies or departments with law enforcement functions or responsibility for criminal justice databases.

In each of the last two sessions, the committee has addressed bills authorizing creation or linkage of databases or systems. The committee also regularly addresses legislation requesting access to information contained in these systems for non-law-enforcement purposes. Some access requests are related to background checks, others seek broader and more centralized access to information. Some highly sought information has specific statutory or case law limits on its release.

In addition to constitutional limits and federal requirements, the legislature has made public policy decisions regarding access to records held by the state in several major acts and has responded to specific instances and abuses of databases with more targeted directives.

ISSUES:

- 1) How can we develop consistent information management policy and respond to the challenges posed by technological developments?
- 2) What presently exists, what is being implemented, how do the systems interact, and how does the implementation compare to legislative direction and understanding?

- 3) What was the original purpose for the data collection in each system and how can we develop policies consistent with that purpose that also address long-term access and privacy protection issues?

OBJECTIVES:

Preparation of a report to the committee that presents the following:

- 1) A guide to the various databases and how they inter-relate. Such a guide would include a description of each system, its purpose, the information stores, its capacities and limits, the extent to which its information is duplicated and where else that information is kept, and the persons authorized to access the information;
- 2) An assessment of the extent to which systems are linked or linkable, which systems are obsolete, which have become difficult to operate due to changes in technology and upgrading, and how that affects the quality of information in the system;
- 3) An assessment of the capacities of planned and newly implemented systems, when they will be fully operational, and the extent to which they will be able to absorb new policy directives; and
- 4) An analysis of how our systems and law compare to systems and law in other jurisdictions.

TENTATIVE TEAM:

Fara Daun (Human Services & Corrections) Karen Kirkpatrick (Energy & Utilities), Bryon Moore (Ways & Means), Dick Armstrong (Law & Justice), Todd Sander (DIS)
[Diane Smith (Government Operations)?, John Broome (WSP)?, CJIA Executive Committee?]

MINOR PROJECTS

CHEMICAL DEPENDENCY REVIEW

The chemical dependency and mental health statutes provide similar processes for the involuntary treatment of persons who are severely ill and in need of treatment. Several bills have recently passed the legislature making changes to the mental health statutes without modifying the chemical dependency statutes.

OBJECTIVE:

Review the chemical dependency statutes dealing with involuntary treatment in light of the changes made to the corresponding mental health statutes. Prepare any necessary legislation.

CITIZEN REVIEW PANELS

In 1996 Congress passed legislation modifying the "Child Abuse Prevention and Treatment Act" (CAPTA). Part of those changes mandate citizen involvement in the examination of the policies and procedures of agencies which deal with the prevention of child abuse and neglect. In order to meet the federal requirement, citizen review panels must be established. One model for these panels was the subject of SSB 6556 (1998) and was included as a topic of study in the state CAPTA legislation (SHB 2556).

OBJECTIVE:

Staff will work with the agency assigned to examine the citizen review panel concept and draft any requested legislation.

MEDICAL TREATMENT OF CHILDREN IN DSHS' CUSTODY

This project involves an examination of the policies and procedures used by the Department of Social and Health services in regards to the care and treatment of children in their custody. The project will include a review of: (1) The use antipsychotic or psychotropic medications or drugs to treat mental illness or behavior problems; (2) The policies and procedures relating to the placement of children in out-of-state facilities; and (3) Review the related recommendations resulting from the investigation conducted by the Family & Children's Ombudsman.

OBJECTIVE:

Review and make any requested revisions to SB 6763 (1998).

BACKGROUND CHECKS

Each session the committee receives several bills that address the issue of background checks for purposes other than law enforcement. Background checks are specifically authorized for a number of professions in several titles of the RCW. The checks authorized differ under each authorizing statute. This has created a certain level of confusion regarding the information available for any particular purpose.

OBJECTIVES:

To produce a comparative analysis of the various authorizations and the ways in which they are used in practice in order to provide the committee with better and current information with which to address the issues raised by proposed legislation.

PLEA-BARGAINING & SEX OFFENDER TRACKING

Persons who have committed sex offenses have additional restrictions placed on the community supervision portion of their sentences. It is possible, however, that the nature of a sex offense is

lost in the plea-bargaining arrangement when an offender pleads to a crime that is not necessarily a sex offense. Such offenders may return to the community under lower scrutiny levels than warranted.

OBJECTIVES:

To report on the tools used in other jurisdictions to enhance community safety in the plea-bargaining and custodial release processes.

POLYGRAPH USE IN SEX OFFENDER TREATMENT

Washington's statutory law presently prohibits conditions of release that are not directly linked to the crime for which an offender was convicted. One case prohibited requiring broad polygraph examination as a treatment technique because some of the questions were not directly related to the crime for which the offender was convicted.

Sex offender treatment is ineffective until the offender admits to committing the offense. Research indicates that polygraph examination is an effective tool to bring an offender to the point of admission and that treatment using polygraph testing may dramatically reduce recidivism.

OBJECTIVES:

To report to the committee on the use of polygraph examination in offender treatment and whether Washington's statutory restrictions impede progress or lengthen treatment times.

DRUG AFFECTED INFANTS

Legislation passed in the 1998 session that established a protocol for state intervention in cases where an infant is born drug affected. The legislation was vetoed by the Governor. The birth of drug affected infants remains an ongoing public concern. The long term consequences and costs associated with an impaired child, and repeat impaired children are significant. The problem is cyclical and requires services targeting both the substance abusing mother and the drug affected infant. Early intervention can help reduce the long-term adverse impacts on children who are prenatally exposed to drugs.

OBJECTIVES:

Continued interaction with interest groups and further development of useful legislation addressing the policy questions related to drug affected infants.

CHILD CARE

Society is confronted with multiple questions concerning the safety and welfare of children. Many families require care for their children so parents can work to support the family. Changes in welfare laws require welfare families to work, thus driving a need for inexpensive quality day care.

OBJECTIVES:

Interaction with the statutorily established Child Care Coordinating Committee as well as the Child Care Resource and Referral Network to identify issues and actions being taken to address various concerns to date. Further refinement and drafting of sponsored legislation providing tax credits for development of day care facilities, licensing requirements, and parental notification of enforcement actions.

OLDER CHILDREN IN FOSTER CARE

Data indicates that older children entering foster care are proportionately less likely to obtain a permanent residential placement. The permanent placement may include reunification with their parent(s), adoption, long-term placement with a relative, creation of a guardianship, or placement in an independent living program.

While no adequate data exists on what the long-term effect is of the lack of an adequate placement, researchers indicate children who "age-out" of the foster care system may be at higher risk of failure to achieve long-term emotional, economic, and educational stability. The same concern exists for homeless youth and youth who are released from the Juvenile Rehabilitation Administration (JRA) and lack a stable home environment.

OBJECTIVES:

Identify sources of information and expertise regarding older children in foster care, JRA, and homeless youth. Meet with the interest groups who provide services and research on this population of youth. Identify available options and mandates appropriate to increasing successful permanent placements. Prepare a report identifying timelines, benefits, and costs of the alternatives. Draft requested legislation.

GUIDES

GUIDE TO THE BECCA BILLS. The Becca Bills are a collection of bills passed by the legislature between 1995-98 concerning at-risk, runaway and truant youth. This guide will explain the available petitions and processes including: (1) The Child in Need of Services (CHINS) and the At-Risk Youth (ARY) petitions; (2) Parent-initiated private mental health and chemical dependency treatment for their minor children; and (3) Truancy petitions.

GUIDE TO SEX OFFENDER REGISTRATION & PUBLIC NOTIFICATION

REQUIREMENTS: This guide will include an outline of the requirements for sex offender registration, a table of community notification distinctions based on the differences between risk levels, and procedures for release from the duty to register.

GUIDE TO COMMUNITY SUPERVISION: This guide will include a graphic illustration of the distinctions between community placement, community custody, community supervision, community service, and post-release supervision. The guide will lay out the subsets of each type of community supervision as well as include descriptions and definitions of each, along with the types of crimes eligible, conditions that can be placed on participation, and sanctions available for the violation of a condition.

GUIDE TO SELECTED OFFENSES: This guide will include lists and definitions of offenses in each of the following statutory categories: sex offenses, serious violent offenses, violent offenses, most serious offenses, and crimes against children and others. The definitions will include a list of the elements of each crime and an example to contrast similar crimes.

GUIDE TO THE CHILD DEPENDENCY STATUTES: This guide summarizes in question and answer format the statutory provisions governing state actions related to child placement. The guide should include a timeline, contacts, glossary, and charts.